



CITY OF COVENTRY



ANNUAL REPORT

OF

THE PRINCIPAL SCHOOL
MEDICAL OFFICER



1959

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of the

PRINCIPAL SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.

FOR THE YEAR

1959



OUTDOOR SWIMMING POOL, WHITMORE PARK SCHOOL

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SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE as at 31st December, 1959

Chairman—ALDERMAN H. H. K. WINSLOW

Vice-Chairman—COUNCILLOR MR. J. D. BERRY

ALDERMAN MRS. E. A. ALLEN

„ MR. W. CALLOW

„ MR. S. STRINGER

COUNCILLOR MR. A. CLARE

„ MRS. W. E. LAKIN

„ MR. C. M. MAXWELL

„ MR. T. MEFFEN

„ MR. W. H. SMITH

„ MRS. M. E. STONEMAN

Co-opted members—MR. L. BOWSTEAD

REV. A. P. DIAMOND

MR. G. H. ISON

MRS. H. I. SAUNDERS

MR. D. YOUNG

Director of Education—MR. W. L. CHINN, M.A.

Deputy Director of Education—MR. R. B. SYKES, M.A., L. ES. L.

SPECIAL SCHOOLS SUB-COMMITTEE as at 31st December, 1959

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„ MR. T. MEFFEN

„ MRS. M. E. STONEMAN

Co-opted Members—MR. L. BOWSTEAD

MR. G. H. ISON

MRS. H. I. SAUNDERS

SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer (and Medical Officer of Health)	T. M. CLAYTON, M.D., B.S., B.HY., D.P.H.
Deputy Principal School Medical Officer (and Deputy Medical Officer of Health)	J. ARDLEY, M.B., B.S., D.P.H. (resigned 31.5.59) A. PARRY JONES, M.B., B.CH., D.P.H. (commenced 1.10.59)
Senior School Medical Officer ..	M. M. R. GAFFNEY, M.B., B.CH., D.P.H., B.A.O., D.C.H.
School Medical Officers and Assistant Medical Officers of Health	{ D. J. DICKS, M.B., CH.B., L.R.C.P., M.R.C.S., D.C.H. M. D. DALY, M.B., B.S., M.R.C.S., L.R.C.P. (commenced 23.3.59) S. N. JOSEPH, M.B., B.S., D.R.C.O.G. M. A. H. LAWSON, M.B., CH.B., B.A.O., D.P.H. M. G. LERNIHAN, M.B., B.CH., D.P.H., D.C.H. C. M. MCGREGOR, M.B., B.CHIR. (resigned 30.9.59) J. B. M. PORTER, L.R.C.P., L.R.C.S. M. HOMMERS, M.B., CH.B. D. I. TROUP, M.B., CH.B., D.R.C.O.G. (commenced 2.3.59) E. M. WILKINS, M.B., CH.B. (commenced 30.9.59)
Medical Officer, Town Thorns Residential School for E.S.N.	E. KILLEY, M.R.C.S., L.R.C.P. (part-time)
Medical Officer, City of Cov- entry School	P. R. STANBURY, M.A. (CANTAB.), M.R.C.S., L.R.C.P.
Paediatric Specialist and Heart and Rheumatic Consultant ..	H. PARRY WILLIAMS, F.R.C.P. (LONDON) (Part-time)
Ear, Nose and Throat Surgeons	{ W. OGILVY REID, M.A., B.SC., M.B., CH.B., F.R.C.S. (part- time) H. S. Kander, F.R.C.S., (part-time)

SCHOOL HEALTH SERVICE STAFF—cont.

Principal School Dental Officer	J. A. SMITH, L.D.S.	
School Dental Officers	<div> <div> W. WILSON, D.D.S. S. M. KENNEDY, B.D.S. (resigned 4.7.59) M. BOISSONADE, B.D.S. (commenced 6.4.59) R. REUTT, DIP. DENT. SURGERY (commenced 1.9.59) M. L. HOOKER, L.D.S. (resigned 16.11.59) D. ANGUS, L.D.S. (part-time) M. F. KELLY, B.D.S. (part-time) </div> </div>	
Superintendent Physiotherapist	MRS. M. M. HALLS, M.C.S.P.	Baynton Fields School
Physiotherapists	MRS. F. E. HOWITT, M.C.S.P.	
	MRS. J. L. THOMAS, M.C.S.P.	
Remedial Gymnast	MR. R. PEBERDY	
Speech Therapists	<div> MISS B. CARR, L.C.S.T. MRS. D. I. ROBERTS, L.C.S.T. MRS. P. BELL, L.C.S.T. </div>	
Chiropodists	<div> MR. A. T. E. FREKE, M.CH.S., M.R.I., P.H.H. (part-time) MR. D. SAXON, M.CH.S. (part-time) </div>	
Superintendent Health Nurse ..	MISS M. D. LLOYD	
Deputy Superintendent Health Nurse (School Health) ..	MRS. B. E. MACKIE	
Deputy Superintendent Health Nurse (Maternity & Child Welfare)	MISS K. L. HOULTON	
Dental Attendants	<div> MRS. K. CARTWRIGHT MISS P. PARKIN MISS J. BRAYNE MISS J. P. WILDAY MRS. S. A. WARD (resigned 28.12.59) MR. B. LEWIS MRS. L. SHEEN </div>	
Administrative Assistant ..	C. E. BODEN, D.M.A. (commenced 7.9.59)	
Chief Clerk	MISS E. STEPHEN	

CITY OF COVENTRY

SCHOOL HEALTH SERVICE

1959 Annual Report

The School Health Service,
Council Offices,
Earl Street (South Side),
Coventry.

*To the Right Worshipful the Lord Mayor, Aldermen and Councillors
of the City of Coventry.*

MY LORD MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting my Annual Report for 1959 upon the School Health Service in this City. Generally speaking the health of school children has been very satisfactory and a total number of 16,531 pupils received a routine medical inspection (1958 — 15,161) an increase of 1,370. It will be noted that the school population has increased by a further 312 pupils, i.e. 51,836 in 1959 (51,524 — 1958). This figure includes 2,788 pupils attending independent and private schools.

Staffing

During the year we were able to recruit 3 Medical Officers, thereby bringing our complement up to nine and this has clearly had beneficial impact upon the Service.

One of our Medical Officers attended the course which is regularly arranged in London each year dealing with Handicapped Children with special reference to the Educationally Subnormal Child and the Mentally Retarded Child. Another Medical Officer attended a course at Manchester which was concerned with Deaf Children, whilst a third Medical Officer attended a course at Ipswich dealing with Family Psychiatry. It is always the aim within my department to ensure that Medical Officers are given a variety of duties, and thereby gain experience within a wide field of interest. As part of their duties some Medical Officers undertake responsibilities at special schools and have opportunity to visit the homes of handicapped children including those who are mentally retarded. This is important work and is greatly appreciated by the parents. Moreover, each Medical Officer is assigned to undertake routine duties at defined clinics.

In addition each Medical Officer is assigned to conduct routine sessions week by week at Maternity and Child Welfare Clinics within defined areas of the city and also have medical responsibilities for the schools within their respective areas.

With the development in Coventry of the Comprehensive Schools system, arrangements for routine medical inspections are becoming more difficult of achievement. Nevertheless it is hoped fairly soon to commence a system of routine medical inspection of enhanced efficiency, and which, at the same time, will be of greater reward to our Medical Officers and of greater help to parents and teachers also.

There was no great improvement in the dental staffing situation during 1959 in spite of repeated advertising. Nevertheless we are grateful for the limited number of sessions which a very few part-time dentists are able to offer, and also for the hard work performed by our own municipal dental staff. But for these efforts the service would be in a serious plight indeed.

Routine Medical Inspections

During the year the number of routine medical inspections increased and, including special inspections and re-inspections, the total was 21,924, which is 1,911 more than the total for 1958.

General Condition of Pupils

Out of a figure of 16,531 children seen by my medical staff during 1959, there were only 65 who were considered unsatisfactory from a general health point of view.

In common with other Local Authority areas it is found that there are a number of excessively obese school children and a preponderance of these are boys. It would be a mistake to assume, however, that excessive fatness in all such cases was due to glandular dysfunction. Most of the children concerned would appear to have a greatly enhanced partiality for carbohydrates such as sweets, cakes, ice-cream, chips, etc. One cannot help but feel that there are considerable disadvantages in the tuck-shop system. Parents would do well to ponder, whether or not it is a good thing for their children to over-indulge in the "good things" of life, particularly during the interim periods between routine meal times.

Infectious Diseases

Further information is provided in this report concerning the incidence of infectious diseases within the schools (i.e. pages 42, 43). It is clear however, that dysentery still has considerable nuisance value and the incidence was much in excess of that during the preceding year. Moreover, there were 5 cases of diphtheria notified and once again such children had not been immunised against the

disease. One cannot too strongly advise that much suffering would be eliminated, and savings, both in time and money, achieved if all parents would make a point of ensuring the protection of their children against this distressing disease. It is worthy of note that protection of the community as a whole *can* be achieved providing the number of persons immunised is sufficiently high. This is demonstrated by the fact that during the five years 1952, 1953, 1954, 1956 and 1957, not a single case was notified in this City. Parents should also note that immunisation is a most simple and harmless procedure and is readily available at all Local Authority Clinics as also through family doctors within the City. The incidence of Scarlet Fever has increased during the past 3 years, i.e. 1957 — 50 ; 1958 — 107 ; 1959 — 134. Infection is by “droplet” spread and it is fortunate that the disease continues to be of a mild character. Prompt investigations and throat swabbings of children are conducted within the classrooms concerned as soon as a case comes to light : otherwise the infection could bring about considerable disruption of school routine. The incidence of measles in the schools was a little lower in 1959 ; complications were mild and there were no deaths.

Immunisation

During the year, 8,420 school children received their primary and 25,258 their booster injections against poliomyelitis. There were 2,365 injections against diphtheria for schoolchildren in 1959 (1958—3,602), and 57 against whooping cough (1958—103).

Contagious Diseases

Once again it is encouraging to note that no case of scabies was notified this year although there was a slight increase in impetiginous conditions — 41 cases in 1959 (38 — 1958). Ringworm of the body and scalp shows a welcome decrease — 5 in 1959 (11 — 1958). Other skin diseases increased slightly, there being 135 cases in 1959 (119 — 1958). The total number of cases treated or under treatment at the end of the year was 181, the corresponding figure for the preceding year being 168.

SPECIAL SESSIONS AT THE CENTRAL SCHOOL CLINIC

Chiropody Clinic

Fewer cases were seen at Gulson Road Clinic during the year than in 1958 although there was a relative increase in the incidence of verrucae (warts). There are grounds for believing that the considerable amount of physical training performed by children in bare feet is causing the higher incidence of this condition. It would also seem that the spread from swimming bath floors must not be left out of reckoning either. It would be unfair, however, to assume that these two sources are entirely responsible for the elevated incidence of the condition. There is a considerable diversity of views as to

whether barefoot work should suffer because of this, but it is clear that the consensus of medical opinion is on the side of eliminating this probable source of spread : although it would be most desirable that there should be the fullest accord between teaching and medical staffs to achieve this end.

While there are no lasting effects from verrucae if properly treated, the condition can nevertheless be most painful and crippling in a temporary way, particularly when multiple warts are present. The higher incidence has been most noticeable in children within the junior age range.

The school chiropodist has reported elsewhere herein concerning the work performed at his clinic sessions.

Ear, Nose and Throat Clinic

There has always been a close and satisfactory relationship between the School Health Department and the Hospital and consultant E.N.T. services, but the link has been particularly strong during the past three or four years. The reason for this is the common ground upon which both services now meet in relation to the deaf and partially deaf child, and indeed, it is of great importance that this should be so. By such means, little time is lost in following up after diagnosis and ensuring prompt ascertainment and allocation of children to the Nursery Unit. Both Mr. Kander and Mr. Ogilvy Reid, Consultants in this field of work, have reported at a later stage herein, as also Miss Gardiner, teacher-in-charge of the Day Unit for Partially Deaf Children at Spon Gate School.

Heart and Rheumatic Clinic

Dr. Parry Williams, Consultant at this clinic, reports later herein and it is clear that a high percentage of children (28) attending for cardiac investigations are fortunately not afflicted with conditions other than simple cardiac murmurs which are functional in nature and therefore do not limit the normal routine of the children concerned. Of the remaining 20 children who attended the clinic, 9 of these had congenital heart conditions. Dr. Parry Williams points out that the new heart-lung apparatus has been installed at the hospital and he feels there is a likelihood of more surgical procedures being undertaken thereby.

We are very grateful to the cardiac team who are doing much to help children with cardiac defects to lead more normal lives.

Speech Therapy

The waiting list which had declined during 1958 has been increasing again quite considerably, and it is likely that additional speech therapy facilities together with a supplementation of staff to cope with the situation will need to be seriously considered. There is a greater impetus in this field of work, and not least, with children

who have handicaps additional to speech defects and who are in attendance at special schools ; they are deserving of enhanced attention and may well respond thereby to better advantage.

Our speech therapists, Miss Carr and Mrs. Bell comment elsewhere in this report, as also does Mrs. Roberts, at the Day School for Physically Handicapped Pupils.

SPECIAL SESSIONS AT OTHER CLINICS AND HOSPITAL

Child Guidance Centre

We are still without the services of a Child Psychiatrist and one begins to wonder if the Regional Hospital Board will ever resolve this important problem for us. There appears to be a complete dearth of persons specialised in this work and a lack of candidates sufficiently interested in this branch of medicine.

Moreover, the difficult situation at the Child Guidance Clinic is accentuated locally following the resignation of two Educational Psychologists and the appointment of the existing Psychiatric Social Worker to the Health Department to undertake duties within the provisions of the new Mental Health Act. Up to the time of writing, it has been quite impossible to refill these positions and this has left the Senior Educational Psychologist literally on her own with a most unenviable task. Maybe, however, with the development of provisions under the new Mental Health legislation there will be closer integration of services for the benefit of all who need them, and the problems which now appear so large and difficult of resolution will assume less overwhelming proportions.

Dr. S. W. Gillman, Consultant Psychiatrist, and Mrs. P. E. Hedges, Senior Educational Psychologist, comment later in the report.

Ophthalmic and Orthoptic Clinics

The minority of children referred for treatment of visual defects are dealt with at the Ophthalmic Out-Patient Department of the Coventry and Warwickshire Hospital. Other children needing vision testing are catered for by opticians throughout the City area. It is, of course, for the parents to decide where their children will go to receive attention in this connection. The School Health Department is kept fully informed concerning all children who are seen at the hospital. In general there does not appear to be much difficulty nowadays in persuading children to wear glasses and that is a vastly different situation to that which applied a decade or so ago. Much of the success of any treatment however, depends upon the parents themselves, and unless they have a realistic understanding of what the doctors and teachers are attempting to do and are willing to co-operate in their children's interests to the fullest extent, much of the specialised endeavour is wasted.

Orthopaedic Clinic

Children with orthopaedic defects are seen at Paybody Orthopaedic Clinic as heretofore and a report concerning each child is sent directly to the Principal School Medical Officer. During 1959, the Regional Hospital Board, acting through the local Hospital Management Committee decided to use children's wards at the Paybody Hospital temporarily for the treatment of adults so as to reduce a long waiting list. It is hoped that this may not lead to complications for any children with orthopaedic defects who have real need of hospital school facilities.

There is a most effective liaison and working relationship between the staff of the Paybody Clinic and that at Baginton Fields School. Miss Craven comments hereinafter in this report.

Branch Clinics and Combined Centres

During 1959 the drop in attendances at school branch clinics continued and, generally speaking, Medical Officers do not now attend minor ailment clinics positioned on school premises. These tend to be covered quite adequately by our health nurses and as demands for such treatments decrease so also will there be justification for recommending closure of such sessional clinics ; particularly if there are purpose-built combined centres within reasonable access.

The two new combined centres at Broad Street (Foleshill) and Jardine Crescent (Tile Hill) are fully operative and our Medical Officers make regular attendances. This pattern will of course be extended as and when similar centres come to be erected in other parts of the city. We continue to decentralise our clinic services as and when adequate centres become available in the peripheral areas but this clearly tends to be a rather slow process.

Anti-Tuberculosis Campaign

Hitherto the B.C.G. vaccination scheme has been restricted to children between 13 and 14 years of age, but this year, in accordance with the Ministry of Health Circular 7/59, arrangements have been extended to include all children of 14 years and upwards who are still at school, students attending universities, teachers' training colleges, technical colleges and other establishments for further education. In addition, vaccination has been offered to whole school classes, even if some of the children were under 13 years of age. Contacts of any age are also offered immediate vaccination either by municipal medical officers or at the chest or paediatric clinics.

The following table shows the number of acceptances, Mantoux positive and negative reactors, and also the number of children and students who were given B.C.G. vaccination under the scheme.

<i>Acceptances</i>	<i>Mantoux Positive</i>	<i>Mantoux Negative</i>	<i>Given B.C.G.</i>
6,510	1,167	4,692	4,673

To complete the B.C.G. vaccination programme, arrangements were made with Dr. Gordon Evans, Physician-in-Charge of the Mass Radiography Unit, to undertake a Mass Radiography Survey of all young persons who were included in the scheme and were Mantoux positive.

I am extremely grateful to him for his co-operation and for his report which I append below :

Total number of Mantoux Positive Children X-Rayed

X-rayed on Miniature

<i>Film</i>			<i>X-rayed on Large Film</i>			<i>Total</i>		
<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
70	52	122	26	47	73	96	99	195
47	51	98	29	48	77	76	99	175
144	173	317	148	168	316	292	341	633
261	276	537	203	263	466	464	539	1,003

Significant abnormalities referred to the Chest Clinic

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Suspected active pulmonary tuberculosis ..	—	3	3
Other cases of pulmonary tuberculosis (probably not active but requiring further observation)	2	2	4
Doubtful etiology but probably glandular ..	—	1	1
	2	6	8

It will be seen from the above that there are three children who almost certainly have active pulmonary tuberculosis which requires treatment so that it seems advisable for all Mantoux positive children who come to light at such surveys as this to be x-rayed.

Because of the greater influence which children of this age exercise upon their parents we do at times meet with difficulty in persuading parents to have their children undergo further investigations.

HANDICAPPED PUPILS

We are fortunate in being able to meet most of our requirements for the special educational needs and the associated treatment of handicapped children in this City ; the Local Education Authority has done a great deal over the years in their interests. Only for a few children, e.g. totally blind, totally deaf and severe epileptics, is it necessary to find appropriate facilities outside the Coventry area. The statistical table showing the number of handicapped pupils ascertained during 1959 under the requirements of the Education Act, 1944 appears at the end of this report.

Blind

Two children were ascertained as being suitable for a residential school for blind children.

Partially Sighted

These children are catered for locally, the infants and juniors in a class attached to Moseley School and the Seniors within a class at Baginton Fields School. Medical supervision is undertaken by the respective School Medical Officers and the children are seen as a routine measure by the Ophthalmic Consultant at least once a year during a session specially arranged at the hospital.

Deaf

One child only was ascertained during the year as being totally deaf and was recommended to attend a residential school for such deaf children.

Partially Deaf

With the exception of two children, all partially deaf children in Coventry are accommodated at Spon Gate School. The Nursery Unit for children aged 2—5 years has 5 in attendance and there is no waiting list. A teacher for the deaf who will undertake peripatetic duties will commence work during 1960 and will concentrate upon those partially deaf children who are attending at ordinary schools throughout the city, particularly those over 11 years of age.

The working relationship between my officers and the local E.N.T. Consultants is most encouraging. Several health visitors have been trained to undertake testing so as to recognise at a very early age those children having hearing defects. Moreover, five of my medical staff have attended a course at Manchester to fit them to greater extent for duties in this field of work. One of our Medical Officers, Dr. D. J. Dicks, has been assigned to the Partially Deaf Unit as part of her duties.

A report upon the work undertaken at the Spon Gate Unit is given herein by the teacher-in-charge, Miss M. L. Gardiner.

Educationally Subnormal Pupils

Ascertainments in this category grow apace and by the end of 1959 six of our Medical Officers were qualified, by attendance at the approved course in London, to engage in this work as part of their duties. One of my staff, Dr. M. Lawson, is assigned as Medical Officer to the Alice Stevens Day School and Dr. M. Gaffney, as Senior School Medical Officer, visits the Town Thorns Residential School. Another Medical Officer will be allocated to the Three Spires Day School early in 1960 when this school has become established in its new premises.

A number of my Medical Officers, in conjunction with the Educational Psychologist, are concentrating upon the ascertainment of children under the above heading, in an all-out effort to clear the waiting list which resulted from the excessive changes of medical staff which came about in the 1957-58 period. The Observation and Diagnostic Class attached to the Child Guidance Clinic continues to provide opportunity for the observation of very young retarded children, so that every facet of the child's potentialities are explored before final action is taken, whatever this may be.

Epileptic

Of all children suffering from varying degrees of this complaint in Coventry, only 2 were formally ascertained as being in need of education at special residential schools : the remainder are in attendance at our ordinary schools. The Senior School Medical Officer has considerable interest in children within this category and tells me that their school attendance records compare most favourably with those of ordinary children. Apart from a few epileptic children with emotional disorders, the remainder act as normal children for 99% of the time. The proximity to which such children approach normality depends to a great extent upon the regularity of medical supervision and upon a commonsense approach by parents — which, fortunately, in these more enlightened days, they are providing with greater willingness. Any deviation from prescribed routine in the first few difficult years may have lasting results of a distressing nature. I make a particular plea to the community as a whole but not least to teachers and employers, who have opportunity to do great good for the epileptic child, to approach this problem with greater understanding : much more, generally speaking, than has been apparent in former years.

Young people subject to major attacks of epilepsy ("Grand mal") in school are now few and far between. With the newer drugs and approach to treatment, epilepsy has come under a much greater measure of control. There is the greatest need for the public as a whole to appreciate the position as it now is and to eschew the prejudices of the past. Complete understanding and tolerance is much needed.

The holiday scheme operated by the British Epilepsy Association is popular, but unfortunately limited. The number of places allocated to Coventry is quite inadequate to the needs prevailing. Not unnaturally much disappointment is occasioned to parents and children alike through lack of adequate and appropriate holiday facilities.

Maladjusted

Although the staffing situation at the Child Guidance Clinic has so unfortunately deteriorated, every effort is nevertheless made to ensure that maladjusted children are dealt with expeditiously. Residential facilities at Cromers Close continue to cater for up to sixteen children and the remainder are suitably placed in residential schools elsewhere. The ascertainments which relate for the most part to children in the 8—14 age range are performed by the Psychiatrist, but the Senior School Medical Officer also carried out a proportion in view of her long experience with handicapped children.

Physically Handicapped

As mentioned elsewhere in this report, we have now reached a position whereby children with physical handicaps are referred to us well in advance of the statutorily required age. This means that we are aware of the approaching problem a year or eighteen months before we are required formally to deal with it. Although we have a system of “trial period” operating for the Baginton Fields School Nursery Class, it is nevertheless the case that very few “unsuitable” children find their way there. This means that the problem which is presented by up to 30 children aged between 2 and 5 years on our waiting list is a factual one and does not result from the presentation of a mixture of mental and physical handicaps of all grades. We have, of course, trial classes elsewhere for the mentally retarded, but the children on this particular waiting list all have primary physical handicaps such as, for example, hydrocephalus, spina bifida, etc. These cases may well have had surgical treatment and should undoubtedly have to be provided with home tuition unless nursery accommodation is readily forthcoming.

A report upon the work of our day school at Baginton is presented later herein by Dr. M. Gaffney, Mr. L. Bowstead, the Head Teacher, and his Staff.

Delicate

The number of children requiring ascertainment under this heading shows no sign of abating even with modern health and welfare provisions. By the end of each term a considerable list of children awaiting admission is apparent : even though realistically only about 3% of these could be said to be suffering from poor health through frank neglect or genuine poverty. Almost all children admitted have poor school attendance records. There is a tendency too for a

proportion of children within the 5—6 years of age period to have frequently recurring attacks of upper respiratory tract infections during their first few years at ordinary schools. Such conditions are often quite intractable to the usual forms of therapeutic treatment and, through experience, parents have come to appreciate that a period at Corley for the children concerned quite often provides the solution. A term or so spent at Corley Residential School frequently resolves this type of infection and the vicious circle which has previously been a source of constant frustration to the parents, teachers and doctors alike, is broken. There are also those children who have mild emotional disorders which in turn bring about conditions of general malaise. Such children usually respond most satisfactorily at Corley School. It is necessary to remember that the designation "Open Air School" no longer applies to the new Corley building but for some of us there is a little regret in that this descriptive term is not now considered to be quite "à la mode". The new Corley Residential School which caters for up to 120 children, is now working to full capacity and both pupils and staff clearly appreciate the new surroundings and wonderfully modern equipment and facilities.

There remains a need, however, for the Local Education Authority to send a very few delicate children to other residential schools in the south of the country. Usually these are asthmatics whose ailment has not responded to local conditions but who will benefit from a complete change of location.

Out of 50 enuretic children sent to Corley during the year, only some 3% remained intractable to treatment there. Moreover in only 2% of such cases who were cured of this condition at Corley was there a recurrence upon their return home.

Dr. M. Hommers, one of our Medical Officers, who undertakes duties at Corley School, comments later herein concerning the health of children who have been resident there during 1959.

Conclusion

It is most unfortunate that the serious lack of appropriate qualified staff to deal with Child Guidance work is hampering progress in this important aspect of child health. Moreover, the quite inadequate premises at present available for this service and the serious overcrowding therein does not help the situation. It is fervently to be hoped that developments under the new mental health legislation and the plans in mind for the recruitment and training of a variety of workers in this field of work will have beneficial impact upon Child Guidance work and will soon help to resolve a most difficult set of circumstances which is adversely affecting every facet of endeavour in this connection.

The fact that there is a waiting list of children for the new residential school at Corley is "good" or "regrettable" according to which way one looks at the situation. "Regrettable" perhaps because in spite of the greater number of places now available in this magnificent school building, there should still be those awaiting admission. "Good" because the excellence of this provision and the benefits to be derived in health from the Corley conditions is becoming so well known throughout Coventry that the waiting list may be regarded therefore as a "healthy" sign.

The fact that during 1959 a position was reached in the School Dental Service (despite a continuing lack of municipal dentists) where a greater proportion of children's permanent teeth were filled is worthy of particular mention. It is moreover a reminder that the main function of the service is that of conservative dentistry and not just an emergency means by which dental pain is relieved through the extraction of permanent teeth. One hopes that this improvement may also be a sign of better recruitment to the service and a return to the pre-1948 era when the School Dental Service was playing its full part in the preventive field and was deserving of the highest appreciation for its contribution towards the better health of school-children generally.

It is evident from the comments of the headmaster (Mr. Bowstead), medical and auxiliary staff at Baginton Fields School that complete co-operation and understanding, as a team, continues as the keynote to provide a superb service for the children there and all are to be complimented upon the very satisfactory results achieved.

A similar pattern too is evident and congratulations are necessary for staff at the Alice Stevens School where utmost co-operation exists under the leadership of Mr. Saxon.

The report by Miss Gardiner concerning the partially deaf unit, Spon Gate, provides an informative summary of the expansion which is taking place in this important work. Here again it is of extreme moment that children who are partially deaf should be recognised at the earliest possible moment if the full benefits from this provision are to be derived. The reasons are made quite explicit in Miss Gardiner's narrative and a study of this will be of benefit to all who give time to read it.

A statement concerning the incidence of infectious diseases in the schools appears at a later stage in the report, and it will be observed that the number of dysentery cases was at a level more than double of that during 1958 (i.e. 525—246) — this despite enhanced hygienic measures which have been operating with greater intensity since 1956. Renewed attention, and increased liaison with general practitioners and added emphasis by health visitors upon health education during 1959 (most particularly in the Longford area of the

City, whence are derived the great majority of cases) may, we hope, bring about something of recession at least in this condition which is notorious for its disconcerting nuisance "value".

Five school children (all non-immunised) were affected with diphtheria during the year and once again I must make a point of reminding parents that facilities exist and are widespread at clinics and through general practitioners so that children can readily achieve protection : immunisation is a simple and painless procedure.

Measles and whooping cough increased sixfold as compared with 1958, but this was not unexpected in view of the cyclical variations of these diseases.

Scarlet fever is clearly on the increase but fortunately the disease is mild in its modern form and so far presents few complications. There were no cases of poliomyelitis notified in 1959 and this follows a similar situation in 1958.

It is interesting to note that an outdoor swimming pool was opened at Whitmore Park School on 18th July, 1958. This pool, which is of concrete construction and hand chlorinated (see frontispiece), is the first of such swimming pools provided by voluntary effort and will obviously be of great advantage to the health of the children in attendance at the school.

The headteacher, Miss E. K. Sawbridge, who worked so hard to raise the necessary funds over the years and the parents who contributed are to be congratulated on the result. The Local Education Authority also contributed a certain sum towards the completion of the pool.

Mr. Stokehill and Miss Burnett Knight, physical education officers refer to the increasing interest in swimming on page 41.

During the year we were unfortunate to lose the services of one of our full-time school dentists, Mr. M. L. Hooker, who was with this Local Authority during two distinct periods, totalling 16 years. We are indebted to him for his services to the children of this city and wish him a healthy and happy retirement. One noticed, too, with great regret, the retirement of Miss V. Dooley, Head Teacher at Spon Gate for so many years. Miss Dooley was an "institution" in her own right and will be greatly missed by us all. We hope her retirement too will be long and of the happiest.

In my preceding report for 1958, I omitted to recall that Mr. E. A. Moore, Chief Clerk for the School Health Service Department, had transferred to another senior post within the Health Department. I wish to place on record my appreciation of his services and his excellent co-operation in the interests of schoolchildren during some 8 years.

It is with the greatest pleasure that I renew my sincere thanks to the Consultant, nurses and medical auxiliary staffs ; to the Director of Education, his teaching and administrative staffs ; and to my own staff in the School Health Service no matter in what capacity they work. All have co-operated and endeavoured with one object in mind, namely to improve the health and, within their considerable capabilities, make happy the schoolchildren of this city. I feel that this objective has been achieved in great measure.

Additionally I wish to thank Dr. M. M. Gaffney and Mr. E. Boden and the many others who have contributed in any way to this report for their helpfulness.

Finally I would wish to express my thanks, as also those of my Staff, to the Chairman and members of the Education Committee, and not least the members of the Special Services and Special Schools Sub-Committees for their interest in, and encouragement of the work of the department throughout the year.

I am, my Lord Mayor, Ladies and Gentlemen,

Your Obedient Servant,

The. Clayton.

Principal School Medical Officer.

School Population, Accommodation, Attendances

At DECEMBER 1959 there were 104 primary and secondary schools (including the City of Coventry School) under the control of the Local Education Authority, viz :—

- 71 Primary and all age schools with 99 departments
- 15 Secondary modern schools with 22 departments
- 3 Secondary Selective Schools
- 8 Comprehensive Schools
- 6 Special Schools
- 1 Nursery School

The primary, secondary and special schools are divided as follows :

- 77 County schools with 110 departments
- 12 Voluntary C.E. schools with 12 departments
- 15 Voluntary R.C. schools with 17 departments

Number of children on registers, January 1959	..	..	48,669
Number of children on registers, December 1959	..	..	49,048
Average percentage attendances	..	..	91.19
Number of children attending independent and private schools			2,788

REPORTS FROM SPECIAL SCHOOLS AND CLASSES

Baginton Fields School for Physically Handicapped Children

Dr. M. M. Gaffney reports as follows :

“ I have been fortunate in being the Medical Officer assigned to this school since its inception and consequently I have learned much concerning physical handicaps and their implications. But of equal importance I have also perforce absorbed many interesting facts regarding educational methods. This experience has been of distinct advantage to me in the ascertainment of handicapped children other than the physically handicapped.

The general health of the children as also their school attendance is surprisingly good. Moreover the multiple activities going on at Baginton and the opportunity presented thereby for each child to become interested in a hobby and to progress with it ensures their continued interest : there is no regimentation. There is a State Registered Nurse appointed to the school who deals promptly with the very few accidents which arise from time to time. By the end of 1959 it became apparent that further thought was needed concerning those children between two and five years of age who were awaiting admission. It should be appreciated that there is the greatest of

understanding and co-operation between the paediatric and orthopaedic consultants and ourselves and appropriate children are referred to us promptly even before the age of two years in some instances. Because the nursery can only accommodate 10 children and because there are some 30 children of 2—5 years already ascertained with genuine physical handicaps on the waiting list, our desire to ensure supplementary accommodation as a matter of some urgency can be readily understood. The majority of these children need prompt and constant medical treatment, speech therapy and physiotherapy and the concentrated attention of the type available at Baginton would greatly assist their future prospects. The great majority of parents are anxious to have their children admitted to the school and perhaps if their views are expressed sufficiently loudly to be heard in high places then added accommodation may be forthcoming with greater celerity.

With few exceptions our school leavers have fared well in employment and this is heartening. Physically handicapped children often take longer to settle in the outside world but with patient support from parents and Youth Employment Officers they usually find a useful and acceptable niche.”

Mr. L. Bowstead, Headmaster, Baginton Fields Day School for Physically Handicapped Pupils, reports :—

“ Our school has now been open for 8 years. There are 200 pupils on the roll. During 1959 the emerging patterns noted in last year’s reports became more obvious, but as the year progressed new growth and maturity affected the appearance of the design in the life of the school. This is as it should be as a live organism must not remain static if growth is to continue.

The development this year is most obvious among the children in the Cerebral Palsy Unit where some of the heaviest handicaps are to be found. The problems here — both educational and medical — are exceptionally difficult and we are grateful to these children for their co-operation in the business of overcoming physical, sensory and psychological handicaps in one and the same child. Educational and developmental progress have been obvious and encouraging new methods (differently applied to individual children) are succeeding in situations where traditional approaches have proved fruitless. I cannot speak too highly of the care, patience, devotion and, above all, of the perseverance shown by every member of the staff, whether educational, medical or ancillary.

The co-operation between members of the various branches of the staff is maintained informally by constant personal contact and by regular staff meetings.

The essential contact between school and home has been facilitated by the appointment of a Health Visitor/School Nurse in the

person of Mrs. Gore, who has proved the necessity and value of close contact between all concerned in the difficult operation of Special Educational Treatment — not merely in term time but in holiday periods also.

Members of the partially sighted senior class based at Baginton Fields have provided valuable companionship (and also motive power !) to their physically handicapped friends in the school.

Again to Dr. M. M. Gaffney we offer our sincere thanks for her personal attention and care throughout the year.

Our indebtedness to our Consultants, Mr. Penrose and Dr. Parry Williams increases persistently and sets a pattern which might well be repeated to the advantage of handicapped children everywhere.

Once again we have been happy to receive frequent visits from many members of the various professions interested and engaged in Special Educational Treatment. The 16 mm colour film has proved a winner and is in constant demand from places as far afield as Folkestone and Edinburgh. The film stresses the teamwork essential to progress and in this teamwork lies the secret of whatever success we may be able to achieve. There is no sub-title on our film. If there were I would suggest "Integrated Personalities" as being worthy of consideration."

Mrs. M. M. Halls, Senior Physiotherapist, Baginton Fields School for Physically Handicapped Pupils, reports :—

" I have pleasure in presenting my report on the work performed by this department for the year 1958/59.

We are fortunate in maintaining the existing staff during a time when physiotherapy staffing is extremely difficult to maintain. This, is, I feel, due to the happy spirit which prevails throughout the school.

The work continues as from last year, with younger admissions attending for treatment.

We receive a great deal of help, which we welcome, from outside sources.

Success with some of our older children has shown us recently that even the most unlikely cases are seldom completely hopeless from the therapy point of view. We have had some very encouraging progress on such difficult cases recently. There has been very genuine progress and we are indebted to our Consultants for their advice and guidance."

Mrs. D. J. Roberts, Speech Therapist, Baginton Fields Day School for Physically Handicapped Pupils, reports :—

“ During the year 1959 the total number of children receiving speech therapy rose to 30. This is the highest figure so far recorded.

There are 63 treatment sessions in every week, each lasting from fifteen to twenty minutes. In 1959 ten children were attending for three sessions per week, thirteen for two sessions per week and the remaining seven for one session each week.

Of the total of thirty, twenty-two came under the heading of Cerebral Palsy, progress therefore was on the whole fairly slow, but certainly sure, as proved by frequent tape recordings.

It is interesting to note that there are always at least twice as many boys attending speech therapy sessions than there are girls. In the past year twenty-one boys attended, only nine girls.

In conclusion, once more I would like to thank all my colleagues for their assistance and co-operation in this work.”

Alice Stevens Day School for Educationally Subnormal Children

Dr. M. Lawson reports :—

“ During the past year it has again been a pleasure to work with the staff of the Alice Stevens Day School for Educationally Subnormal Pupils, where, under the leadership of the Headmaster, Mr. Saxon, valuable work has continued in this special field of education, so necessary in the furthering of academic advancement and consequently of self esteem in the educationally subnormal school child. There were two exclusions under Section 57(3) of the Education Act, 1944, for ineducability, and there has been continuance of examination and mental testing of school leavers for the purposes of Section 57(5) Education Act, 1944.

In this latter connection willing co-operation between the Medical Officer, Headmaster, Youth Employment Service and parent has resulted in conferences of incalculable value regarding the suitable placement of school leavers. Here particularly is it felt at this important stage in the life of the adolescent that the school should continue to maintain its principal objective of helping pupils to make the most of their capabilities and to develop their sense of responsibility towards the community.

Mrs. Wardle continues in happy co-operation in her capacity as School Nurse, while Mrs. Roberts still undertakes the speech therapy so beneficial to those pupils who require it.

It is gratifying to report that routine medical inspection revealed a reasonably high standard of general health amongst the pupils.

Three Spires School for Educationally Subnormal Pupils

Mr. T. G. Monks reports :—

“ Three Spires School for Educationally Subnormal Children moved into its new premises on 1st September, 1959. The building, though not itself new, has considerable character and has adapted well to its new purpose. The school will be admitting children each term until full.

Although at present accommodating the usual age range of children in educationally subnormal schools (7—16 years), it is hoped to develop work at Three Spires with younger children also. The school is well equipped to do this, having an almost completely self contained kindergarten unit.

In addition we plan to investigate the problem of educating the brain-damaged child. Previous experience has shown that children with minor cerebral lesions (e.g. brain damaged children) benefit greatly from a particular form of education and treatment. It is our hope to make some contribution to this field of research.

As the school develops, we intend to pay particular attention to the social development of the older children using a transitional phase between school and employment during the final year.

Special mention must be made of the hard-working co-operation of the staff of the school, so very important in the early stages.”

Corley Residential School

Dr. M. Hommers reports :—

“ The magnificent new buildings at Corley were officially opened in May, but the school actually functioned to its capacity of 120 pupils for the whole of the year. The medical needs of the pupils are in the main provided for by a staff of three resident nurses, and a well equipped sick bay, but the children are registered with the local General Practitioner, Dr. Edwards, and those who are under the care of hospital consultants continue to attend their clinics. In addition, I have visited the school twice weekly. Toward the end of the year, a case conference took place, and the policy will be to hold one every term, its purpose mainly to co-ordinate aftercare for those who are leaving and who are thought to constitute a particular problem for one reason or another. This was most helpful, and I am sure will be very useful in the future.

In general, the health of the children was very good during 1959, although there was a lot of tonsillitis coming surprisingly soon after a fine summer. The health of the individual children has improved a great deal during their stay at Corley. Most of them stay one or two terms only, many have been at the old school before and have needed

to come back after an interval of a year or two, and a few are longer term cases, some of whom are studying for G.C.E. and would certainly not have the same chance of a good pass if they were attending an ordinary day school and having frequently to be absent through illness. Quite a number of the children come from out of town.

Although the word “delicate” now no longer necessarily means the purely physically delicate but includes all shades of meaning and emphasis, I feel that the need for a school like Corley is as great now as it ever was and my only regret is that the length of the waiting list means that not all the children can benefit from this type of education as soon as they are ascertained as needing it. However, urgent cases are dealt with first and nobody has to wait too long for admission.”

Paybody Hospital School

Miss M. C. Craven, Headmistress, reports :—

“The number of children admitted to this Hospital (excluding those not receiving educational treatment) during 1959 was 137 as against 136 for 1958, and lengths of stay were as follows :—

Long-term patients staying over from 1958	..	..	..	7
From 3 to 6 months	..	..	..	11
From 2 to 3 months	..	..	..	25
From 1 to 2 months	..	..	..	25
From 1 week to 1 month	..	..	..	46
Less than one full week	..	..	..	23

Most of the long term patients were treated for Perthes disease of the hips (7 as against 3 last year) although the introduction of new methods of treatment for this disease in a few cases considerably reduced the length of time spent in hospital. In one or two cases, children were removed from hospital to be nursed at home a good while before there was any possibility of attending school. This has meant the provision of home tuition where possible — a second best, and not always possible.

During the year there were 17 cases of fracture of limbs treated, as against 6 in 1958.

As in 1958, the turn-over of patients continued to speed up, and again the majority of children were in for periods of less than 3 months although there have been slightly more of the 2—3 month group than in the previous year.

Again there have been many more boys than girls staying for the longer periods, so that on many occasions there have been twice as many boys, and more rarely, three times as many.

The wonderful weather which continued for so many months was most beneficial. The children were able to live out-of-doors for weeks on end, basking in the sunshine, except occasionally when, because of the heat, lessons had to be taken indoors."

Partially Deaf Unit, Spon Gate Primary School

Miss M. L. Gardiner, teacher-in-charge, reports :—

" The past year has seen a widening and a consolidating of the work for the partially deaf children in this Unit. We are now reaching the end of the fourth year since the work began, and we have expanded from one trained teacher of the deaf and seven children, to three trained teachers of the deaf and thirty children. The age range in 1956 was from six to seven years, and now we admit children at two years of age and our oldest children are over eleven years. In September of this year we shall be transferring the first of our eleven-plus children to the secondary stage of their education. The Committee has appointed a man teacher of the deaf to take charge of this part of the work, and he takes up his duties after Easter 1960. He will have three months in which to get to know the children and their capabilities, and to work with the Education Authority in planning for their advancing needs. We wish him every success in this pioneer work, and sincerely hope he receives all the support from everybody that he will surely need.

The past year has been particularly important, for in September, an additional teacher of the deaf was appointed to take charge of the Infant group, thus freeing Miss Barnes (now Mrs. Hewitt since October) to concentrate entirely on the under five year old children. Prior to this they had been integrated in the hearing nursery, and had been taken out for special periods for auditory training and individual speech work, but now we were able to set up a separate class with the necessary equipment in use all day, and also to admit a number of other young children who had been waiting for this opportunity. We were also given the services of a nursery warden.

Our Nursery class has seven children on roll at the present moment, and there are others waiting for admission. The work with these young children is very important and the younger they are when they come to school the better is their chance of establishing good natural speech and language. As the deaf child cannot hear, and is not born with knowledge of language, until he is taught he cannot think in terms of words, and therefore he is not only speechless but wordless. A hearing child acquires a vocabulary of about two thousand words by the age of six, and these words are not specifically taught, but the child picks them up in the course of conversation and learns their meanings as he goes along. A deaf child starts with nothing but his eyes. He does not know what a word is and when by much effort he learns the meaning of some words, he

has to be taught how to string them together in grammatical form that will give the meaning he intends, e.g. "Mother is outside" is quite different from "Is mother outside?" although each sentence contains the same words and only one word has changed its position. Hence one can see how vitally important it is that the deaf child starts his school training very much earlier than his hearing brother.

We now have three classrooms fitted with the induction loop system. This system is designed to provide amplified high quality sound reproduction while eliminating those restrictions on movement and classroom layout which fixed installation demands. There is complete freedom of movement for all pupils and yet clear speech reception in all parts of the classroom. Any number of children can use the system without affecting its performance. This system is particularly useful in teaching young children as their freedom of movement is not curtailed in any way. In addition to this loop system the Junior classroom is also fitted with a group hearing aid which provides very high fidelity amplification of sound through headphones, to a group of ten children at a time. All the children in the Unit now have transistorised models of the Ministry of Health Medresco hearing aid, and all except three have the special inductance coil type which enables them to benefit from the induction loop system. The Education Committee has recently supplied us with ten commercial aids, and we are hoping that eventually every child will be able to have one of these powerful aids.

With our increased numbers we have found it necessary to have two sessions per week for routine medical attention by our School Nurse. We have also been put in the care of one particular Medical Officer who attends every month. The case conferences are still held each term, attended by the Consultant Otologist, Senior School Medical Officer, School Medical Officer, School Psychologist, Audiometrician, School Nurse, Teachers of the Deaf, and Headmaster of the School. Not only is close co-operation between Unit and School essential but close co-operation between Education, School Health, and Hospital Departments is also very important. The personal interest in the work of the Unit, of Senior members of each body, and the ready availability of services provided by each department are found to be an indispensable condition for effective Unit provision.

The work still continues to attract many visitors, and during the past year we have welcomed home and overseas students, doctors, nurses, health visitors, speech therapists, teachers, psychologists, lecturers, H.M. Inspectors, Education Officers, Councillors, etc. I say welcomed advisedly because I feel strongly the need of bringing the problem of the deaf children before the public, and gaining their help, for parents and teachers in leading these children through the barrier of misunderstanding and frustration to a full and happy life.

Miss Dooley left at the end of July and we were all very grieved at the parting. She had been such a kind and understanding Head Teacher, and the work for the deaf in this Unit had begun under her leadership. Mr. W. D. Coombe was appointed as her successor and took up his duties in September. He has already become a firm favourite with the children and shows an understanding and insight into the handicap of deafness that augurs well for the future."

REPORTS FROM CONSULTANTS AND CLINICS

Child Guidance Centre

Dr. S. W. Gillman reports as follows :—

"In continuance of the pessimistic view expressed in my last report, the Child Guidance Clinic has now lost another psychologist which means that the Senior Psychologist, who also administers the Clinic, is left to do the Clinic work. Although the Minister of Health has approved a whole-time Child Psychiatrist the latter could only work adequately providing there were sufficient Psychiatric Social Workers and Psychologists to help. For the time being the number of children seen will have to be less and this is most unfortunate in view of recent discussions to expand Child Guidance Clinics.

I myself have been asked to do work at the Industrial Rehabilitation Unit, so that I shall not be able to give as much time to the Clinic as I would have liked : but this of course will be overcome when the Child Psychiatrist is appointed, although there is an extreme shortage of suitable candidates.

The accommodation is becoming more and more cramped, and I understand that five remedial teachers have been appointed to work in this already overcrowded prefabricated building.

It is urgently necessary to obtain a full complement of professional staff. Many more cases who are not referred should be seen by the Psychiatrist because many children pass through the schools and come up to see me later as adults ; either at my Clinic at the Coventry and Warwickshire Hospital or at the Industrial Rehabilitation Unit. Obviously they should have been dealt with while at school if this was at all possible either because of their behaviour or because of their sub-normal educational standards. It is felt that it would be advantageous to have closer association with the Children's Department than is the case at present. I do not know how many children are charged in Coventry in the Juvenile Courts, but there are extremely few sent up for investigation. At present there is keen interest in delinquency in children, and the preventative side can only be discovered by investigation largely at a Child Guidance Clinic.

The Birmingham Regional Board have under review the organisation of Child Psychiatry in the Region, and there have been meetings on the services which Psychiatrists will be required to give in view of the Pamphlet on Child Guidance work recently issued.

In conclusion I should like to thank the School Medical Officers, the personnel at the Child Guidance Centre for their assistance and co-operation, and also my Senior Registrar, Dr. E. L. Sutherland, who has helped so much."

School Psychological Service

Mrs. P. E. Hedges, Educational Psychologist, reports as follows :—

" The report on the School Psychological Service in 1959 must once again be prefaced by comments on the inadequate staffing position and overcrowded working conditions at the Child Guidance Centre. The establishment for the Child Guidance Service, which includes the School Psychological Service and the Child Guidance Clinic, allowed for three Educational Psychologists, four Psychiatric Social Workers, two Remedial Teachers, one Teacher-in-Charge of the Observation and Diagnostic Class and, by arrangement with the Regional Hospital Board, a full-time Child Psychiatrist for the clinical work, as reported by Dr. S. W. Gillman. In fact, the staff included two Educational Psychologists, one Psychiatric Social Worker who left the service in October, one Social Worker, two remedial teachers, one of whom left in August, and the Teacher-in-Charge of the Observation and Diagnostic Class. Only two psychiatric sessions weekly were possible. The Senior School Medical Officer continued to give her services for one session each week.

Appreciation must be expressed to the existing staff for their consistent efforts to cover a large amount of work in an attempt to serve parents and children who needed help and to continue to offer their services to the schools. Nevertheless, in spite of their endeavours the waiting list at the end of the year was over twice that at the end of 1958.

The usual classification of sources of referral, types of problem and disposal, is not possible as pressure of work is even greater at the time of writing this report in 1960, as there has been no further recruitment of staff because of the national shortage, except for remedial teachers where the appointments have been increased to five.

The total number of referrals to the Centre was 647 children, 89 of whom were referred in 1958. Of these, 193 remained on the waiting list at the end of the year. In addition, 154 were seen in the schools for investigation into various problems or for inclusion in remedial groups. About one half of these children were later investigated further at the Centre. Of the total number of children seen, 164 were referred for psychiatric assessment and 75 were examined by the Senior School Medical Officer.

Approximately 350 children received psychotherapy and treatment by the psychiatrists, or individual or group therapy by the

Psychologists, and work with the parents by the Psychiatric Social worker and Social Worker continued, but the time it was possible to allocate was insufficient to meet the needs of parents and children. Although visits were limited, the Educational Psychologist visited all types of Special Schools and Units to reassess and give advice on handicapped pupils. The Remedial Teachers continued remedial treatment at the Centre with 56 children, and in groups established in five schools. They also conducted Surveys and advised on the teaching of the backward and retarded within the schools. During the year 18 children attended the Observation and Diagnostic Class.

Liaison was maintained with Cromers Close, the Authority's Hostel for Maladjusted Children, and with other schools for mal-adjusted children.

In view of conferences and articles during the past few years on School Phobia, it is, perhaps, appropriate that mention should be made concerning the problem in Coventry. Children who are said to have school phobia are suffering from severe anxiety states, sometimes associated with depression, which are manifested in an inability to attend school. Eight such children attended the Centre in 1959. It was decided to arrange daily attendance and to incorporate teaching into the general treatment programme. After a period of individual instruction 6 of the children were eventually brought together as a group and attended full-time."

Chiropody

Mr. A. T. E. Freke, Chiropodist, reports :—

" 1959 was another busy year, a total of 1,949 treatments being given at the Central School Clinic.

A visit was made to Alice Stevens School during the year, at the request of the Medical Officer and Headmaster, when all the pupils were examined ; a number of whom were seen and treated at the School Clinic.

The majority of the children seen at the Clinic were for routine treatment of verrucae. The remainder being the diverse minor congenital and acquired deformities which required advice and correction.

The number of patients seen with tinea infection were less numerous this year despite the unusual and prolonged spell of hot weather this summer.

In 1959, 440 new cases were seen, 428 patients were discharged cured, 2 children were referred to the Orthopaedic Consultant for advice and treatment, and 3 children were referred to the Dermatological Clinic at the Coventry and Warwickshire Hospital."

Dental Report

Mr. J. A. Smith, Principal School Dental Officer, reports :—

“ During the year several changes were made in the staff and in the arrangements of the School Dental Service. Mr. H. Boissonade, B.D.S., was employed on a sessional basis at the commencement of the year and became a full-time officer on 6th April. Mrs. S. M. Kennedy, B.D.S., resigned in July when she moved from Coventry, but we were very fortunate in that Mrs. Reutt, Dip.Dent. Surg. (Warsaw) decided to leave private practice in favour of the local authority service, and commenced at the School Clinic on 1st September. Mr. D. A. Angus, B.D.S., continued to attend the Clinic on two sessions each week throughout the year, and Mr. M. F. Kelly, B.D.S., attended on five sessions each week from 16th August until the end of the year. The work of these part-time officers is a most valuable contribution to the School Dental Service and I am very grateful to them for their assistance.

The improvements in staffing made possible the opening of a full-time dental surgery at the Tile Hill Health Centre (Miss W. Wilson, Dip. Dent. Surg. Warsaw), in March and a dental officer (Mr. Kelly) attended Broad Street Clinic for five sessions per week from September. Unfortunately, November brought the retirement of Mr. M. L. Hooker, L.D.S., who first came to this Authority as a dental officer in 1936. He left Coventry in 1945 but returned in 1953 to remain until reaching retirement age.

It will be seen then that at the end of the year the number of full-time dental officers in the service of this Authority showed no improvement on the beginning of the year, a total of four, compared with an approved establishment of twelve, but I am glad to report that with the temporary improvement during the year, the treatment figures as summarised at the end of this report show an increase on the previous year. It is particularly satisfactory to report an improvement in the ratio of permanent teeth filled to permanent teeth extracted.

Mr. E. K. Breakspear, Consultant Orthodontist, has continued to treat cases referred to him by the School Dental Service, and while it must be regretted that this number is necessarily limited, those who receive such treatment are most grateful. In the last annual report mention was made of the fact that permission had been granted to Mr. Breakspear to use a surgery at the School Clinic for weekly visits in order to carry out measurement of space lost by early extraction of deciduous teeth. Mr. Breakspear concluded the clinical aspect of this research work during the year and is now completing the statistical analysis so that he may report his results and conclusions in a paper to be read before the British Society for the Study of Orthodontics, in London, during October 1960.

An innovation during the year has been the commencement of two evening sessions each week at Tile Hill Health Centre and Gulson Road Clinic. These sessions have particular value for older children who wish to attend out of school hours, and for those Ante-natal cases, who find it more convenient to attend during the evening.

The insufficient number of dental surgeons, both in practice and in the local authority services throughout the country is well known, and the School Dental Service in Coventry is no exception, but I should like to express my appreciation of the work and loyalty of the dental officers, our anaesthetist Dr. K. M. Park, and the dental attendants who combine to make our School Dental Service as efficient as circumstances will allow."

	<i>Primary and Secondary</i>	<i>Infant Welfare</i>	<i>Ante- Natal</i>	<i>Total</i>
Fillings—Permanent teeth	7,445	—	33	7,478
Fillings—Temporary teeth	175	9	—	184
Extractions				
Permanent teeth	4,868	—	92	4,960
Temporary teeth	8,897	451	1	9,349
Other operations	1,355	27	12	1,394
Administration of G.A. ..	2,528	158	12	2,698
Attendances	16,776	409	147	17,332

Ear, Nose and Throat Sessions

Mr. W. Ogilvy Reid reports :—

"The Ear, Nose and Throat Sessions at the Central School Clinic continue to serve a very useful purpose as an ancillary to our Hospital Clinics, especially as the children are seen and examined in a "paediatric" atmosphere which is more conducive to happy co-operation between the child and consultant. They also tend to reduce our already overburdened Outpatient Sessions at Stoney Stanton Road Hospital."

Mr. H. S. Kander reports :—

"The most important aspect of the work of the clinic has been the close contact maintained with the Unit for Partially Deaf Children at Spon Gate School. Every term a joint clinic is held at the school at which the School Medical Officer, the Teacher of the Deaf, the Audiometrician, the School Head Teacher, the Educational Psychologist and myself attend in order to discuss the problems of the cases amongst ourselves and with the parents. This collaboration has been extremely fruitful and valuable for all concerned.

I understand that the further appointment of a Teacher of the Deaf has been made with a view to looking after the children leaving the primary school : a very welcome development.

The work in the Central School Clinic has continued. One of the most important aspects is the follow-up and treatment of children with hearing problems with or without pathological middle ear conditions.

As in previous years, I wish to thank all concerned with this work without mentioning anyone in particular, as this work is only possible with a good team where everyone plays an indispensable part."

Heart and Rheumatic Clinic

Dr. Parry Williams reports as follows :—

" During the year 1959, forty-eight new cases were seen at the Heart and Rheumatic Clinic, the following diagnoses having been made :—

Innocent Cardiac Murmurs	..	..	..	..	..	28
Pulmonary Systolic Murmurs	..	..	..	..	..	6
Rheumatic Heart Disease	..	..	..	..	..	5
Congenital Pulmonary Stenosis	..	..	..	..	..	2
Congenital Atrial Septal Defect	..	..	..	..	..	2
Congenital Aortic Stenosis	..	..	..	..	..	3
Patent Ductus Arteriosus plus Co-arcetation of the Aorta	..					1
Hypoplastic Aorta	..	..	..	..	..	1

" We regret that Dr. Paul Davison has had to withdraw from the cardiac team on account of having to undertake extra duties in Birmingham.

It is hoped to be able to carry out more surgery now that the heart-lung machine has been installed.

I would again like to thank Dr. Clayton and his staff for their continued interest and co-operation."

Orthopaedic arrangements

As in previous years, arrangements in connection with those children having orthopaedic defects have continued most satisfactorily. These children are referred to the Orthopaedic Consultant at Paybody Clinic following routine medical inspections, by general practitioners and, in some instances, by the school chiropodist. Once more I record my gratitude to Mr. Penrose for his co-operation and numerous helpful reports.

Where applicable, all head teachers are advised of any special recommendation such as children being excused from assembly, competitive exercises and games.

A few cases are deemed unsuitable for attendance at any type of school and in consequence action under Section 56 of the Education Act, 1944 is taken and a period of home tuition is arranged. Happily, this is frequently a temporary arrangement.

It will be seen from the following table that a total of 475 cases were seen during the year and the required treatments were carried out, such as remedial exercises under supervision, massage and physiotherapy and surgical appliances. A few children received operative treatment.

TABLE OF DEFECTS NOTED AT PAYBODY ORTHOPAEDIC CLINIC

Year ending December 1959

						Boys	Girls	Total
Pes planus .. .. .	..	..	..	..	..	47	26	73
Valgoid ankles .. .. .	..	..	..	..	..	15	17	32
Valgoid heels .. .. .	..	..	..	..	..	2	—	2
Kyphosis .. .. .	..	..	..	..	..	2	—	2
Genu Valgum .. .. .	..	..	..	..	..	3	13	16
Osteochondritis .. .. .	..	..	..	..	..	4	1	5
Scoliosis .. .. .	..	..	..	..	..	1	2	3
Hallux Valgus .. .. .	..	..	..	..	..	—	15	15
Metatarsus Varus .. .. .	..	..	..	..	..	—	4	4
Valgoid Feet .. .. .	..	..	..	..	..	—	1	1
Perthe's Disease .. .. .	..	..	..	..	..	1	1	2
Spina Bifida Occulta .. .. .	..	..	..	..	..	2	—	2
Overlapping toes .. .. .	..	..	..	..	..	5	3	8
Hallux rigidus .. .. .	..	..	..	..	..	1	2	3
Plantarfascia strain .. .. .	..	..	..	..	..	2	—	2
Osgood Schlatters Disease .. .. .	..	..	..	..	..	3	4	7
Torticollis—right sided .. .. .	..	..	..	..	..	—	1	1
Ganglion .. .. .	..	..	..	..	..	6	2	8
Poliomyelitis .. .. .	..	..	..	..	..	—	1	1
Spastic—right sided hemiplegia .. .. .	..	..	..	..	..	—	1	1
Deformed toes and feet .. .. .	..	..	..	..	..	2	1	3
Curled toes .. .. .	..	..	..	..	..	—	1	1
T.B. Knee .. .. .	..	..	..	..	..	1	—	1
Tenosynovitis .. .. .	..	..	..	..	..	—	1	1
Epiphysitis .. .. .	..	..	..	..	..	4	1	5
Spondylolisthesis .. .. .	..	..	..	..	..	—	1	1
Exostosis .. .. .	..	..	..	..	..	2	4	6
Foot strain .. .. .	..	..	..	..	..	1	—	1
Muscular strain .. .. .	..	..	..	..	..	—	1	1
Cyst .. .. .	..	..	..	..	..	—	3	3
Osteomyelitis .. .. .	..	..	..	..	..	3	2	5
Ingrowing toe nail .. .. .	..	..	..	..	..	3	—	3
Apophysitis .. .. .	..	..	..	..	..	—	1	1
Sprain .. .. .	..	..	..	..	..	1	2	3
Haematoma .. .. .	..	..	..	..	..	—	1	1
Claw toes .. .. .	..	..	..	..	..	—	5	5
Discoid cartilage .. .. .	..	..	..	..	..	1	2	3
Bursitis .. .. .	..	..	..	..	..	3	6	9
Sacroiliac strain .. .. .	..	..	..	..	..	—	1	1
Plantar strain .. .. .	..	..	..	..	..	1	—	1
Chrondromalacia .. .. .	..	..	..	..	..	1	—	1
Arthritis .. .. .	..	..	..	..	..	3	—	3
Pes Plano Valgus .. .. .	..	..	..	..	..	—	2	2
Paronychia .. .. .	..	..	..	..	..	1	—	1
Torn cartilage .. .. .	..	..	..	..	..	—	1	1
Apophyseal strain .. .. .	..	..	..	..	..	1	—	1
Hammer toes .. .. .	..	..	..	..	..	—	2	2
Poor posture .. .. .	..	..	..	..	..	—	4	4
Miscellaneous .. .. .	..	..	..	..	..	102	115	217
Total .. .. .	..	..	..	..	..	224	251	475

Miss Lloyd, Superintendent Health Nurse, reports :—

“ 1959 has been another year of continued activity in the work of the health nurse. In addition to their specific duties they have been very much engaged in the poliomyelitis immunisation campaign when during the year over 51,000 injections were completed.

Two new schools have been opened and there has been much re-arranging of duties as a result. Home visiting to the children who now travel from wide areas, takes up much time as it is desirable that the school nurse seeing the child at school should also pay a visit to the home when required to do so : even though the child may live at a considerable distance from the school.

Nursery classes which previously numbered 11 are now 10 in number as St. Michael's joined Wheatley School in the September term. The number of children attending, however, is no fewer and their regular attendance has justified the constant supervision by the school nurse responsible for the nursery classes.

The regular visits to Burns Road Centre and Three Spires School by school nurses helps to improve and maintain a higher standard of personal hygiene, which is so necessary for the children. Alice Stevens School is also visited daily by a school nurse.

It is gratifying to know that the cleansings at Gulson Central Clinie have gone down again this year and are reduced to 331 from 463 in 1958, and this indicates an improvement in the general standard of personal hygiene.

The routine medical inspections and routine hygiene inspections of all schools are up-to-date, but owing to frequently changing staff, some of the schools have had the inconvenience of several new faces attending these inspections. This may cause general disappointment but it has been unavoidable and we are hoping, in spite of 10 resignations last year owing to retirement or moving for further experience or domestic reasons, that the recruitment of permanent staff will remedy the present position.

Three school nurses decided to take their health visitor training commencing in September and upon return in 1960, their additional qualification and experience will be a most valuable asset.”

Speech Therapy

Miss Carr, Speech Therapist, reports :—

“ The Speech Therapy Clinie at Gulson Road continued to receive a wide variety of cases. A total of 113 children received treatment and at the end of the year 25 were on the list awaiting treatment. During the past year it was thought advisable in two instances to make the experiment of giving the children concerned

daily treatment. One little girl responded very well to this and she attended every week-day throughout the summer term. Another child did not progress satisfactorily and it was decided to reduce her visits to Gulson Road. The majority of children attend once a week only but carry out daily practice at home, usually under the supervision of the mother.

I am most grateful for the help and advice received from Miss Gardiner of the Partially Deaf Unit, Spon Gate School, and members of the School Psychological Service."

Mrs. P. A. Bell, Peripatetic Speech Therapist, reports :—

1959 was shortened, by reason of personal leave, to seven months, during which time a total of 227 children visited the centres.

Of these, 82 were taken from the waiting list, 42 immediately receiving treatment, 40 being temporarily discharged.

31 children resumed regular treatment and 114 were due for check up appointments.

From this last group 40 were found ready for discharge whilst the remainder were noted for follow-up visits in the future.

These figures show that more than half of the children are on a "temporarily discharged" list. In this way it is possible to increase the case load and reduce the waiting list. Even so, 40 children were awaiting treatment at the end of the year.

Diphtheria Immunisation

Medical Officers have continued to visit primary schools for the purpose of immunisation, and during school holidays immunisation sessions have been arranged at the Central School Clinic.

The following table shows the number of cases of diphtheria notified since 1949.

<i>Year</i>	<i>Cases</i>	<i>Number of deaths of which none were immunised.</i>
1949	12	—
1950	7	2
1951	3	—
1952	—	—
1953	—	—
1954	—	—
1955	2	—
1956	—	—
1957	—	—
1958	1	—
1959	5	—

During the year 529 schoolchildren received primary injections and 1,766 were given booster doses.

City of Coventry School

Dr. P. N. Stanbury reports :—

During 1959 there were 170 boys at the school and 22 new boys were admitted. It was a reasonably healthy year, and there were no major epidemics. 189 boys were admitted to sick quarters during the year. An unusually high proportion of these were in the summer term, mostly cases of minor upper respiratory infection, similar to those in the local population outside the school. It was thought advisable to stop swimming at one period, in order to limit any possible spread of infection due to this. There were the usual minor accidents, and 14 x-rays were necessary, but there were no major injuries.

By arrangement with the Shropshire Medical Officer of Health, a total of 55 injections of antipoliomyelitis vaccine were given. 60 boys had Mantoux tests and 55 boys were given B.C.G. vaccination during the winter term.

Miss Wakelin, who had been Matron at the School for many years, left in December and Miss Richards (bursar) has since then undertaken the nursing duties.

A high standard of general hygiene was maintained and diet was excellent in quality and quantity.

Town Thorns School, Easenhall, Nr. Rugby

Dr. E. Killey, General Practitioner in attendance reports as follows :—

“ The general health of the school has continued to be good during the last twelve months and on the whole, the children have been free from epidemic and minor ailments. There has been one epidemic of mumps which involved the majority of the children, but they all made uncomplicated recovery. There have been two admissions to hospital, one acute appendicitis which did not require surgery, one case of status epilepticus which was controlled and the child has now been transferred to an epileptic colony.

The usual minor accidents have been dealt with and specialist attention has been necessary for a few E.N.T. cases and orthopaedic cases.

The appointment of a nurse to the Staff has made a great contribution to the general and regular care of these children from the point of view of both hygiene and sickness, with a resulting increase of the medical service to the school.

The general health of children has shown the same pattern of improvement which has been evident during the past years and the usual happy atmosphere has been maintained."

School Milk and Meals

Miss Butler, School Meals Organiser, reports :

" 4,485,371 meals (4,026,502 children's meals and 458,869 adult's meals) were served during 1959, an increase of 165,502 since 1958. The daily average in January, 1959, was 23,156 and in December, 1959 it was 24,890. 48.81 % of the number on roll were having meals when the last return was made to the Ministry in October.

The following new kitchens were opened :

Binley Park Comprehensive (two canteens)	September 1959
Corpus Christi	September 1959
Cardinal Wiseman	September 1959
Lyng Hall	September 1959
St. Michael's	September 1959
Three Spires	September 1959
Willenhall Wood	January 1959

According to the statistics called for by the Ministry of Education on one specific day during October, 1959, the number of children present at school was 48,779, of these 39,921 had free milk, which includes 1,858 at Independent Schools having milk."

Physical Education

Mr. A. Stokehill and Miss J. Burnett-Knight, Organisers of Physical Education, report :—

1959 was a year of steady progress, more new schools and new gymnasia, and several older schools, both secondary and primary, were equipped with fixed gymnastic apparatus.

The staffing situation still continues difficult. There is a nation-wide shortage of fully qualified physical education specialists and in our junior schools men have continued to be hard to find. This is doubly a lack when one sees what interesting, enjoyable, and valuable work is done in schools which are both adequately staffed and adequately equipped.

Teachers' courses continue to be run and teachers' enthusiasm to attend in their own time is very much appreciated. Some hundreds have attended short courses on the teaching of national dancing, hockey, football, swimming, trampoline work and athletics, and the results of these courses are readily seen in schools.

Enthusiasm for swimming continues to run high. We still await a further indoor bath, but the work done at Livingstone Road, Gosford and Kenpas Pools shows that a good deal of continuous effort, often under most adverse conditions, goes on. In 1959 results were as follows :—

					<i>Entered</i>	<i>Passed</i>
Preliminary Certificate	..			Girls	827	573
				Boys	1,040	613
Intermediate	..	..	..	Girls	220	96
				Boys	388	111
Proficiency	..	..	..	Girls	19	15
				Boys	113	55
Speed	..	..	..	Girls	42	19
				Boys	42	13

The scope and range of activities in physical education increases almost every year in the City. We have reported previously of the keenness in ski-ing holidays. This continues, but schools are also going on canoe holidays, sailing holidays, mountaineering holidays and camping holidays. In addition to major games, more children every year are partaking in such games as badminton, squash and tennis. The major games continue and the provision of running tracks at our comprehensive schools is adding appreciably to the skill and prowess of our children in this branch of sport.

Children from the City continue to be selected to represent City, County, Territory and Country in the major games and sports. We had national champions in boxing, a Rugger international and once again the Coventry Schools Soccer Section was the outstanding area team in the Midlands.

We are happy to place on record our thanks to Head Teachers and all members of staff who gave so unstintingly to continue this valuable work.

Medical Examinations of Entrants to Training Colleges and the Teaching Profession

Medical Officers have continued to examine candidates for entrance into training colleges, as also temporary unqualified teachers. The necessary chest x-ray examination is arranged through Dr. Gordon Evans, Physician-in-Charge of the Mass Radiography Unit and I am most grateful to him and his staff for their co-operation.

In 1959, 129 candidates were examined for entrance into training colleges and 90 for direct entrance into the teaching profession.

INFECTIOUS DISEASES

Dysentery

Dysentery caused by shigella sonnei was common amongst school children during 1959. The disease has been prevalent for several years (1957 : 275 cases, 1958 : 246 cases) but there was a further increase during the year under review when 525 cases were notified. The greatest number of notifications occurred during the first and second quarters of the year, and the same seasonal distribution occurred nationally.

Once again the high incidence of the disease in the Longford area presented a special problem, and 186 cases were notified from this area alone.

Sonne dysentery is not a serious disease in school children : nevertheless it is responsible for much absence from school. The disease is highly infectious and epidemics are not readily controlled by the usual preventive measures. In 1956 several hygiene safeguards were introduced in an endeavour to contain the disease : paper towels were substituted for roller towels in the schools and faecal specimens were taken from all child contacts of school age and were submitted to the Public Health Laboratory Service. Meantime the health visitors in the Longford area intensified their campaign of instruction on personal hygiene. Despite these measures, which have thrown a considerable burden on all staff in the area, the total number of cases rose in 1959.

The problem of the disease in the Longford area is now receiving special attention. Discussions have been held with general practitioners in that locality with a view to securing earlier notification and treatment of the disease. Excellent co-operation exists, and it is hoped that the incidence of Sonne dysentery will be less in future years.

Diphtheria

Five cases of diphtheria occurred in school children during 1959. In every case the infecting organism was confirmed by the Public Health Laboratory. All the cases arose in one school and occurred during the second and third quarters of the year. There were no deaths.

None of the children who contracted the disease had been immunised against diphtheria. This should speak for itself. All parents should remember that diphtheria is a disease which must be taken seriously. In recent years it has tended to reappear in the community, and it is therefore most essential that parents should take advantage of immunisation facilities which are available. Diphtheria immunisation is safe and can be carried out either by the school medical officer or the family doctor.

Notifications of Infectious Diseases

Age group 5 and under 15 years

Figures are also given for comparison with the previous year

	1959	1958
Scarlet Fever	134	107
Acute Anterior Poliomyelitis :—		
(non-paralytic)	—	—
(paralytic)	—	—
Cerebro-spinal Fever	—	—
Paratyphoid Fever (B)	—	—
Acute Primary Pneumonia	19	14
Acute Influenzal Pneumonia	10	2
Dysentery	525	246
Food Poisoning	22	6
Erysipelas	3	1
Measles	1,920	346
Whooping Cough	203	31
Pulmonary Tuberculosis	11	15
Non-pulmonary Tuberculosis	2	2
Diphtheria	5	1
Acute Encephalitis	2	2
Meningococcal Infection	1	—
Aseptic Meningitis	5	—

Deaths of Children of School Age — 5 years to 15 years — are as follows :—

Pneumonia	2
Leukemia ; Aleukemia	1
Other Diseases of nervous system	—
Motor Vehicle Accidents	3
Other accidents	3
Malignant and Lymphatic Neoplasms	—
Other defined and ill-defined causes.. .. .	6
	—
	15
	—

Clinic Sessions

The current arrangements in regard to clinic sessions are set out below :—

CENTRAL SCHOOL CLINIC, GULSON ROAD.

Minor Ailment Clinics, each afternoon.

Cleansings each morning.

MEDICAL OFFICER APPOINTMENTS :—

By arrangement, Monday to Friday.

CHIROPODY :—

By appointment Tuesday afternoon, Wednesday and Friday mornings.

DENTAL CLINIC :—

By appointment each day and Saturday mornings.

EAR, NOSE AND THROAT CLINIC :—

By appointment each Wednesday.

Treatment sessions every afternoon (includes “infra-red” treatment).

RINGWORM — X-RAY TREATMENT :—

By appointment at Coventry and Warwickshire Hospital.

SCABIES CLINIC :—

Each day, Monday to Friday.

SPEECH THERAPY :—

Each day, Monday to Friday.

SUNLIGHT CLINIC :—

Tuesday mornings and Friday afternoons.

HEART AND RHEUMATIC CLINIC :—

By appointment alternate Thursday afternoons.

BRANCH CLINICS.

LONGFORD PARK :—

School Medical Officer attends by arrangement.

School Nurse in attendance every afternoon (except Thursday).

TEMPLARS :—

School Medical Officer attends by arrangement.

School Nurse in attendance every afternoon.

BINLEY :—

School Medical Officer attends by arrangement.

School Nurse in attendance Tuesday afternoons from 2 p.m.

WYKEN CROFT :—

School Medical Officer attends by arrangement.

School Nurse in attendance Wednesday mornings.

BROAD STREET HEALTH CENTRE :—

School Medical Officer attends by arrangement.

TILE HILL HEALTH CENTRE :—

School Medical Officer attends by arrangement.

Conditions	Central Clinic Gulson Road		Binley School Branch Clinic		Longford Park Branch Clinic		Templars' Branch Clinic		Wyken Croft Branch Clinic	
	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances
Skin :—										
Ringworm—scalp	—		—		3		—		—	
X-ray treatment..	1		—		—		—		—	
Other treatment..	1		—		—		—		—	
Ringworm—body	—		—		—		—		—	
Scabies ..	9		—		—		22		10	
Impetigo ..	19		32		20		59		5	
Other skin diseases										
Eye diseases :—										
Blepharitis ..	5		1		9		2		—	
Conjunctivitis	7		8		5		10		10	
Styes ..	—		3		—		37		17	
Other ..	1				—		39		45	
Ear defects :—										
Otorrhoea ..	11		—		1		1		3	
Wax..	36		—		—		1		1	
Other ..	9		—		—		17		8	
Miscellaneous :—										
Septic conditions	88		6		21		333		68	
Skin infections	15		135		10		267		52	
Boils ..	23		—		3		33		9	
Chilblains ..	1		—		6		4		11	
Warts ..	8		8		25		10		34	
Injuries ..	60		32		243		550		63	
Other conditions ..	127		58		204		223		51	
TOTALS	421	1,204	283	454	550	1,118	1,608	2,856	387	1,447

Part I

Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1955 and later	288	286	99·3	2	·7
1954	1,700	1,695	99·7	5	·3
1953	2,519	2,502	99·3	17	·7
1952	613	611	99·7	2	·3
1951	1,154	1,153	99·9	1	·1
1950	2,130	2,120	99·5	10	·5
1949	1,068	1,062	99·4	6	·6
1948	2,031	2,022	99·6	9	·4
1947	784	780	99·5	4	·5
1946	235	234	99·6	1	·4
1945	833	828	99·4	5	·6
1944 and earlier	3,176	3,173	99·9	3	·1
TOTAL	16,531	16,466	99·6	65	·4

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1955 and later	3	12	130
1954	15	100	201
1953	27	174	58
1952	8	50	115
1951	42	75	192
1950	94	100	112
1949	72	41	168
1948	84	84	75
1947	45	30	27
1946	16	11	56
1945	43	13	131
1944 and earlier	150	32	51
TOTAL	599	722	1,316

TABLE C—OTHER INSPECTIONS

Number of Special Inspections	..	3,838
Number of Re-inspections	.. ..	1,555
TOTAL	..	<u>5,393</u>

TABLE D—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by nurses or other authorised persons	.. .. .	91,269
(b)	Total number of individual pupils found to be infested	..	955
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	..	955
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)	..	—

Part II

Defects Found by Medical Inspection During the Year.

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		Requir- ing Treat- ment (3)	Requir- ing Obser- vation (4)	Requir- ing Treat- ment (5)	Requir- ing Obser- vation (6)	Requir- ing Treat- ment (7)	Requir- ing Obser- vation (8)	Requir- ing Treat- ment (9)	Requir- ing Obser- vation (10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	1	7	2	—	8	16	11	23
5	Eyes—								
	(a) Vision ..	45	22	193	20	361	185	599	227
	(b) Squint ..	14	4	2	—	13	6	29	10
	(c) Other ..	—	—	—	—	1	—	1	—
6	Ears—								
	(a) Hearing ..	42	11	7	1	62	14	111	26
	(b) Otitis Media	3	5	2	—	2	1	7	6
	(c) Other ..	2	6	1	—	2	3	5	9
7	Nose and Throat..	110	88	7	1	96	44	213	133
8	Speech	39	30	1	—	38	13	78	43
9	Lymphatic Glands	1	5	—	—	1	1	2	6
10	Heart	13	26	2	3	11	45	26	74
11	Lungs	5	37	—	4	1	34	6	75
12	Developmental—								
	(a) Hernia ..	—	4	—	—	3	10	3	14
	(b) Other ..	1	21	3	2	18	60	22	83
13	Orthopaedic—								
	(a) Posture ..	6	2	—	—	4	9	10	11
	(b) Feet ..	22	36	7	—	38	28	67	64
	(c) Other ..	5	31	3	1	13	18	21	50
14	Nervous System—								
	(a) Epilepsy ..	—	5	1	—	5	6	6	11
	(b) Other ..	6	6	1	—	6	21	13	27
15	Psychological—								
	(a) Development	6	15	3	—	36	36	45	51
	(b) Stability ..	—	8	—	—	15	15	15	23
16	Abdomen ..	1	1	—	—	—	1	1	2
17	Other	6	65	3	10	28	100	37	175

TABLE B—SPECIAL INSPECTIONS

Defect Code (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	2	2
5	Eyes—.. .. .	—	—
	(a) Vision	34	20
	(b) Squint	5	—
	(c) Other	—	—
6	Ears—		
	(a) Hearing	37	8
	(b) Otitis Media	5	—
	(c) Other	—	—
7	Nose and Throat	13	5
8	Speech	46	7
9	Lymphatic Glands	—	—
10	Heart	4	—
11	Lungs	3	10
12	Developmental—		
	(a) Hernia	—	—
	(b) Other	3	8
13	Orthopaedic—		
	(a) Posture	—	3
	(b) Feet	2	1
	(c) Other	—	3
14	Nervous System—		
	(a) Epilepsy	—	1
	(b) Other	3	2
15	Psychological—		
	(a) Development	44	11
	(b) Stability	12	4
16	Abdomen	2	—
17	Other	26	23

Part III

Treatment of Pupils attending Maintained Primary and Secondary Schools
(including Nursery and Special Schools)

TABLE A

EYE DISEASES, DEFECTIVE VISION and SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	179
Errors of refraction (including squint)	3,250
TOTAL ..	3,429
Number of pupils for whom spectacles were prescribed	2,103

TABLE B

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	213
(c) for other nose and throat condi- tions	—
Received other forms of treatment ..	131
TOTAL ..	344
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959	11
(b) in previous years (1953-1958) ..	67

TABLE C

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
Number of pupils known to have been treated at clinics or out-patient departments	502

TABLE D

DISEASES OF THE SKIN
(excluding uncleanness, for which see Table D Part I)

	Number of cases known to have been treated
Ringworm— (i) Scalp.. ..	4
(ii) Body.. ..	1
Scabies	—
Impetigo	41
Other skin diseases	135
TOTAL ..	181

TABLE E

CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority.	369
--	-----

TABLE F

SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority	215
--	-----

TABLE G

OTHER TREATMENT GIVEN

(a) Number of cases of miscellaneous minor ailments treated by the Authority	2,759
(b) Pupils who received convalescent treatment under School Health Service arrangements	34
(c) Pupils who received B.C.G. vaccination	4,737
(d) Other than (a), (b) and (c) above—	
1. Chiropody	440
2. Ears	96
3. Ultra Violet Light	70
TOTAL (a) — (d)	8,136

(1)	Number of pupils inspected by the Authority's Dental Officers :—						
(a)	At periodic inspections	2,412
(b)	As specials	6,463
						TOTAL (1)	8,875
(2)	Number found to require treatment		7,30
(3)	Number offered treatment		7,301
(4)	Number actually treated		6,238
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11(h)		17,838
(6)	Half-days devoted to—Periodic (School) Inspection..		11
	Treatment		2,419
						TOTAL (6)	2,430
(7)	Fillings : Permanent Teeth		7,445
	Temporary Teeth		175
						TOTAL (7)	7,620
(8)	Number of teeth filled : Permanent Teeth		6,361
	Temporary Teeth		169
						TOTAL (8)	6,530
(9)	Extractions : Permanent Teeth		4,868
	Temporary Teeth		8,897
						TOTAL (9)	13,765
(10)	Administration of general anaesthetics for extraction	..					2,528
(11)	Orthodonties :						
(a)	Cases commenced during the year		51
(b)	Cases carried forward from previous year		89
(c)	Cases completed during the year		27
(d)	Cases discontinued during the year		10
(e)	Pupils treated with appliances		118
(f)	Removable appliances fitted		77
(g)	Fixed appliances fitted		12
(h)	Total attendances		1,142
(12)	Number of pupils supplied with artificial dentures	..					80
(13)	Other operations :						
	Permanent teeth		601
	Temporary teeth		754
						TOTAL (13)	1,355

MINISTRY OF EDUCATION
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS or BOARDING IN
BOARDING HOMES, YEAR 1959

53

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically handicapped		(7) Education- ally Sub- normal (8) Mal- adjusted		(9) Epi- leptic	Total 1-9 (10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
In the calendar year ended 31st December, 1959 :—										
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes	2	1	1	8	140	28	75	12	2	269
B. Handicapped Pupils newly ascertained as re- quiring education at Special Schools or boarding Homes	—	4	2	6	232	42	78	14	2	380
C. On or about 22nd January, 1960, Handicapped Pupils were :—										
1. On the registers of :—										
(i) Maintained special schools										
<i>a.</i> as day pupils	1	26	2	27	—	168	300	—	—	524
<i>b.</i> as boarding pupils	—	2	1	4	98	3	48	3	—	159
(ii) Non-maintained special schools										
<i>a.</i> as day pupils	—	—	—	—	—	—	—	—	—	—
<i>b.</i> as boarding pupils	8	2	13	1	2	—	8	12	7	53
2. On the registers of independent schools under arrangements made by the Authority	—	—	—	—	—	1	1	4	—	6
3. Boarded in homes and not already included under 1. or 2.	—	—	—	—	—	—	—	12	—	12
TOTAL C	9	30	16	32	100	172	357	31	7	754
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(i) in hospitals	—	—	—	—	24	1	1	—	—	26
(ii) in other groups (e.g. units for spastics)	—	—	—	—	—	—	9	—	—	9
(iii) at home	—	—	—	—	4	7	—	—	—	11

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS or BOARDING IN BOARDING HOME,
YEAR 1959—*continued*.

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically handicapped	(7) Education- ally Sub- normal (8) Mal- adjusted	(9) Epi- leptic	Total 1-9
E. Number of Handicapped Pupils from the area requiring places in special schools :—						
(i) Total	—	—	—	—	—	70
(a) day	1	—	65	49	1	81
(b) boarding	—	—	—	6	—	—
Included in the above total are :—						
(ii) Children under 5 years awaiting						
(a) day	—	—	—	—	—	16
(b) boarding	—	—	—	—	—	—
(iii) Children over 5 years whose parents refused admission to special school						
(a) day	—	—	—	5	—	5
(b)	—	—	—	—	—	—

F. Number on registers of hospital special schools—39

G. Number of children reported during the year :— (a) under Section 57 (3) excluding any returned under (b)—24 ; (b) under Section 57 (3) relying on Section 57 (4)— ; (c) under Section 57 (5)—52 of the Education Act, 1944.

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